

Weekly Exercise Tracker

Week: _____ My fitness goals for the week: _____

DAY	ACTIVITY	TIME SPENT	WORKOUT INTENSITY	NOTES
MONDAY	<input type="checkbox"/> Warm up and cool down	_____	<input type="checkbox"/> High	_____
	<input type="checkbox"/> Weight bearing	_____	<input type="checkbox"/> Medium	_____
	<input type="checkbox"/> Strength training	_____	<input type="checkbox"/> Low	_____
	<input type="checkbox"/> Flexibility/stretching	_____		_____
	<input type="checkbox"/> Balance	_____		_____
TUESDAY	<input type="checkbox"/> Warm up and cool down	_____	<input type="checkbox"/> High	_____
	<input type="checkbox"/> Weight bearing	_____	<input type="checkbox"/> Medium	_____
	<input type="checkbox"/> Strength training	_____	<input type="checkbox"/> Low	_____
	<input type="checkbox"/> Flexibility/stretching	_____		_____
	<input type="checkbox"/> Balance	_____		_____
WEDNESDAY	<input type="checkbox"/> Warm up and cool down	_____	<input type="checkbox"/> High	_____
	<input type="checkbox"/> Weight bearing	_____	<input type="checkbox"/> Medium	_____
	<input type="checkbox"/> Strength training	_____	<input type="checkbox"/> Low	_____
	<input type="checkbox"/> Flexibility/stretching	_____		_____
	<input type="checkbox"/> Balance	_____		_____
THURSDAY	<input type="checkbox"/> Warm up and cool down	_____	<input type="checkbox"/> High	_____
	<input type="checkbox"/> Weight bearing	_____	<input type="checkbox"/> Medium	_____
	<input type="checkbox"/> Strength training	_____	<input type="checkbox"/> Low	_____
	<input type="checkbox"/> Flexibility/stretching	_____		_____
	<input type="checkbox"/> Balance	_____		_____
FRIDAY	<input type="checkbox"/> Warm up and cool down	_____	<input type="checkbox"/> High	_____
	<input type="checkbox"/> Weight bearing	_____	<input type="checkbox"/> Medium	_____
	<input type="checkbox"/> Strength training	_____	<input type="checkbox"/> Low	_____
	<input type="checkbox"/> Flexibility/stretching	_____		_____
	<input type="checkbox"/> Balance	_____		_____
SATURDAY	<input type="checkbox"/> Warm up and cool down	_____	<input type="checkbox"/> High	_____
	<input type="checkbox"/> Weight bearing	_____	<input type="checkbox"/> Medium	_____
	<input type="checkbox"/> Strength training	_____	<input type="checkbox"/> Low	_____
	<input type="checkbox"/> Flexibility/stretching	_____		_____
	<input type="checkbox"/> Balance	_____		_____
SUNDAY	<input type="checkbox"/> Warm up and cool down	_____	<input type="checkbox"/> High	_____
	<input type="checkbox"/> Weight bearing	_____	<input type="checkbox"/> Medium	_____
	<input type="checkbox"/> Strength training	_____	<input type="checkbox"/> Low	_____
	<input type="checkbox"/> Flexibility/stretching	_____		_____
	<input type="checkbox"/> Balance	_____		_____